



Candidate Name

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil).

Candidate Signature

Examination Title

Centre

Supervisor:

If the candidate is ABSENT or has WITHDRAWN shade here ☐

Centre No.

Candidate No.

Examination
Details

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Candidate Answer Sheet: FCE Paper 4 Listening

Mark test version (in PENCIL)

A	B	C	D	E
☐	☐	☐	☐	☐
Special arrangements				H
☐				☐

Instructions

Use a PENCIL
Rub out any answer
you wish to change
using an eraser.

For **Parts 1** and **3**:
Mark ONE letter for
each question.

For example, if you
think **B** is the right
answer to the question,
mark your answer
sheet like this:

0	A	B	C
☐	☐	☒	☐

For **Parts 2** and **4**:
Write your answers in
the spaces next to the
numbers like this:

0	example
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Part 1

1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C
6	A	B	C
7	A	B	C
8	A	B	C

Part 2

	Do not write here
9	1 9 0
10	1 10 0
11	1 11 0
12	1 12 0
13	1 13 0
14	1 14 0
15	1 15 0
16	1 16 0
17	1 17 0
18	1 18 0

Part 3

19	A	B	C	D	E	F
20	A	B	C	D	E	F
21	A	B	C	D	E	F
22	A	B	C	D	E	F
23	A	B	C	D	E	F

Part 4

	Do not write here
24	1 24 0
25	1 25 0
26	1 26 0
27	1 27 0
28	1 28 0
29	1 29 0
30	1 30 0